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15

Number of Pages (including this page)

**Certificate of Transmission under 37 CFR 1.8**

Applicant(s)	Gregory O. Snowden	Group Art Unit:	2681
Application No.:	10/719,574	Examiner:	Gregory O. Snowden
Filed:	November 21, 2003	Confirmation No.	2681
Title:	PORTABLE COMMUNICATIN DEVICE AND NETWORK AND METHOD THEREFORE		

I hereby certify that the following Papers:

Transmittal Form - 1 page  
Fee Transmittal - 1 page (with authorization to charge fees)  
Amendment - 12 pages

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April 28, 2005 /Date

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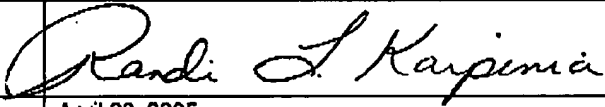
CS23345US

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/719,574	
	Filing Date	November 21, 2003	
	First Named Inventor	Gregory O. Snowden	
	Group Art Unit	2681	
	Examiner Name	Jean Aliand Gelin	
Total Number of Pages in this Submission	Attorney Docket Number	CS23345US	


  

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application. <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs ____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Certificate of Transmittal
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Randi L. Karpinia	Registration No.	46,148
Signature			
Date	April 28, 2005		

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number <u>703-872-9306</u> or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below.			
Typed or printed name	Vernice V. Freebourne	Date	April 28, 2005
Signature			

APR 28 2005

Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4518) <b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
TOTAL AMOUNT OF PAYMENT		Application Number: 10/719,575 Filing Date: November 21, 2003 First Named Inventor: Gregory O. Snowden Examiner Name: Jean Alland Gelin Group Art Unit: 2681 Attorney Docket No.: CS23345US	
(\$) <b>1,250.00</b>			
<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 502117    Deposit Account Name: <b>MOTOROLA, INC.</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>			
FILING FEES		SEARCH FEES	
EXAMINATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500
Design	200	100	100
Plant	200	100	300
Reissue	300	150	500
Provisional	200	100	0
<b>2. EXCESS CLAIM FEES</b>			
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Total Claims 29 - 20 or HP = 9 x 50.00 = 450.00 HP=highest number of total claims paid for, if greater than 20		Fee (\$) 50 200 360 Fee Paid (\$) 25 100 180	
Extra Claims 5 x 200 = 1,000.00 Fee Paid (\$) 1,000.00 HP=highest number of independent claims paid for, if greater than 3		Multiple Dependent Claims Fee (\$) Fee Paid (\$) 0	
<b>3. APPLICATION SIZE FEE:</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets: 0 - 100 = 0 / 50 = 0 (round up to a whole number) x Fee (\$): 0 Fee Paid (\$): 0			
<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other: _____			
<b>SUBMITTED BY</b> Name (Print/Type): Randi L. Karpinia Signature: <i>Randi L. Karpinia</i>		Complete (if applicable) Registration No.: 46,148    Telephone: 954-723-6449 Date: April 28, 2005	

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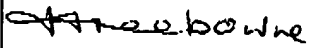
No. 7245 P. 4

APR 28 2005

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Snowden, Gregory O. et al Group Art Unit: 2681  
Application No.: 10/719,574 Examiner: Gelin, Jean Alland  
Filed: November 21, 2003 Confirmation No. 3255  
Title: PORTABLE COMMUNICATIN DEVICE AND NETWORK AND  
METHOD THEREFORE

April 28, 2005

CERTIFICATE OF FAX TRANSMITTAL	
I hereby certify that this correspondence is being facsimile to the United States Patent and Trademark Office, at (703) 872-9306 Centralized Facsimile, addressed to :Mail Stop: <u>AMENDMENT</u> , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:	
Date:	April 28, 2005
Signature: Typed or Printed Name:	 Vernice V. Freebourn

AMENDMENT

Mail Stop **AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated February 23, 2005, and comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

05/02/2005 JBALINAN 00000086 502117 10719575  
01 FC:1201 1000.00 DA  
02 FC:1202 250.00 DA

05/02/2005 JBALINAN 00000099 502117 10719574  
01 FC:1201 1000.00 DA  
02 FC:1202 250.00 DA